# FOR OHF USE

LL1

# **2000** STATE OF ILLINOIS DEPARTMENT OF PUBLIC AID FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES (FISCAL YEAR 2000)

IMPORTANT NOTICE THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY

PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I.	IDPH Facility ID Numb					II. CERT	IFICATION BY A	UTHORIZED FACILITY (	OFFICER	
	Address: B STREE	HARPE-DAVIER HEALTH  T & ARCHER AVENUE  Number	LAHARPE City		61450 Zip Code	State of and ce are tru	of Illinois, for the p rtify to the best of e, accurate and co	my knowledge and belief the my knowledge and belief the my lete statements in accor	nat the said contents rdance with	
	County: HANCOC Telephone Number: IDPA ID Number:		# (217) 659-3017			is base	ed on all information	Declaration of preparer (oth on of which preparer has an entation or falsification of a e punishable by fine and/or	ny knowledge. ny information	
	Date of Initial License for Type of Ownership:		07/21/22			Officer or Administrator of Provider		ame) MS. JENNIFER J. V	(Date)	
	X VOLUNTARY, Charitable Trust	<u> </u>	PROPRIETARY Individual Partnership	GOV	VERNMENTAL State County			NISTRATOR OMPILATION REPORT		
	IRS Exemption Code		Corporation "Sub-S" Corp. Limited Liability Co. Trust Other		Other	Paid Preparer	(Firm Name & Address)	TONY CAWIEZELL, SR. M McGLADREY & PULLEN, (319) 326-5111	(Date)  IANAGER  LLP 220 N. MAIN, DAVENPOI  Fax # (319) 324-6939	RT IA 52801
	In the event there are fu Name: MS. JENNIFER	urther questions about this req WIRT Tele	port, please contact: ephone Number: (217) 65	59-3222			MAIL ILLING 1LLING 201 S. G	TO: OFFICE OF HEALTH OIS DEPARTMENT OF PU Grand Avenue East field, IL 62763-0001	FINANCE	

STATE OF ILLINOIS Page 2

Facil	ity Name & ID Numb	er LAHARPE-L	DAVIER HEALTH	CARE CENTER			# 0035741 Report Period Beginning: 10/01/99 Ending: 09/30/00
	III. STATISTICA	L DATA					D. How many bed-hold days during this year were paid by Public Aid?
	A. Licensure/o	certification level(s) of	f care; enter numbe	r of beds/bed days,			(Do not include bed-hold days in Section B.)
	(must agree	with license). Date of	change in licensed l	beds			
	, 5		J			_	E. List all services provided by your facility for non-patients.
	1	2		3	4		(E.g., day care, "meals on wheels", outpatient therapy)
	Beds at				Licensed		<del></del>
	Beginning of	Licensu	re	Beds at End of	<b>Bed Days During</b>		F. Does the facility maintain a daily midnight census? YES
	Report Period	Level of C		Report Period	Report Period		<u></u>
	Troport I triou	20,0101	C <b> C</b>		lichorring		G. Do pages 3 & 4 include expenses for services or
1		Skilled (SNI	7)			1	investments not directly related to patient care?
2		<u> </u>	atric (SNF/PED)			2	YES X NO
3	49	Intermediat		49	17,934	3	
4		Intermediat			1,701	4	H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
5	Sheltered Care (SC)					5	YES X NO
6	ICF/DD 16 or Less					6	
							I. On what date did you start providing long term care at this location?
7	49	TOTALS		49	17,934	7	Date started
							J. Was the facility purchased or leased after January 1, 1978?
	B. Census-For	the entire report per	iod.				YES Date NO X
	1	2	3	4	5		
	Level of Care	Patient Days	by Level of Care an	d Primary Source of	Payment		K. Was the facility certified for Medicare during the reporting year?
		Public Aid					YES NO X If YES, enter number
		Recipient	Private Pay	Other	Total		of beds certified and days of care provided
8	SNF					8	
9	SNF/PED	10,463	6,092		16,555	9	Medicare Intermediary
10	ICF					10	
11	ICF/DD					11	IV. ACCOUNTING BASIS
12	SC					12	MODIFIED
13	DD 16 OR LESS					13	ACCRUAL X CASH* CASH*
14	TOTALS	10,463	6,092		16,555	14	Is your fiscal year identical to your tax year? YES X NO
	C B 40		15 14.35.11.11. <i>(</i>	4-11			T V 0/20/00 F21 V 0/20/00
		cupancy. (Column 5, l n line 7, column 4.)	line 14 divided by to 92.31%	otai iicensed			Tax Year: 9/30/00 Fiscal Year: 9/30/00 * All facilities other than governmental must report on the accrual basis.
	Deu days of	i iiiic 7, coiuiiiii 4.)	72.31 /0	<u> </u>	SEE ACCOUNTAN	NTS' CO	OMPILATION REPORT

STATE OF ILLINOIS LAHARPE-DAVIER HEALTH CARE CENT # 0035741 **Report Period Beginning:** 10/01/99 Ending:

Page 3

	Facility Name & ID Number	LAHARPE-DA	VIER HEALTI		H #	0035741	Report Period	Beginning:	10/01/99	Ending:	09/30/00	
_	V. COST CENTER EXPENSES (through	hout the report,	please round to	the nearest do	llar)							
			osts Per Genera			Reclass-	Reclassified	Adjust-	Adjusted	FOR OHE	USE ONLY	
	Operating Expenses	Salary/Wage	Supplies	Other	Total	ification	Total	ments	Total			
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	97,321	9,842	5,340	112,503	(16,836)	95,667	(3,132)	92,535			1
2	Food Purchase		88,469		88,469		88,469		88,469			2
3	Housekeeping	47,074	8,812	934	56,820		56,820		56,820			3
4	Laundry			10,595	10,595		10,595		10,595			4
5	Heat and Other Utilities			48,713	48,713		48,713	(94)	48,619			5
6	Maintenance	37,328	29,850	6,071	73,249	(1,597)	71,652		71,652			6
7	Other (specify):*											7
8	TOTAL General Services	181,723	136,973	71,653	390,349	(18,433)	371,916	(3,226)	368,690			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	558,309	3,017	28,335	589,661	(3,017)	586,644	(250)	586,394			10
10a	Therapy											10a
11	Activities	24,707	995	2,334	28,036	(328)	27,708		27,708			11
12	Social Services	18,192	437	1,757	20,386	(553)	19,833		19,833			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):* DAY CARE	49,012	2,132	2,257	53,401	27,796	81,197	(81,197)				15
16	TOTAL Health Care and Programs	650,220	6,581	34,683	691,484	23,898	715,382	(81,447)	633,935			16
	C. General Administration											
17	Administrative	46,952			46,952		46,952		46,952			17
18	Directors Fees											18
19	Professional Services			21,791	21,791		21,791		21,791			19
20	Dues, Fees, Subscriptions & Promotions			5,336	5,336	2,326	7,662	(5,336)	2,326			20
21	Clerical & General Office Expenses	38,659	3,775	26,249	68,683	(9,911)	58,772	(8,206)	50,566			21
22	Employee Benefits & Payroll Taxes			87,931	87,931	18,030	105,961		105,961			22
23	Inservice Training & Education					7,503	7,503		7,503			23
24	Travel and Seminar											24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			27,068	27,068	(22,554)	4,514		4,514			26
27	Other (specify):* BAD DEBTS			13,066	13,066		13,066	(13,057)	9			27
28	TOTAL General Administration	85,611	3,775	181,441	270,827	(4,606)	266,221	(26,599)	239,622			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	917,554	147,329	287,777	1,352,660	859	1,353,519	(111,272)	1,242,247			29
	(Sum of filles o, 10 & 20)	,	147,027	207,777	1,002,000	007	SEE ACCOUNT				1	

859 | 1,353,519 | (111,272) | 1,242,247 | SEE ACCOUNTANTS' COMPILATION REPORT

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

## V. COST CENTER EXPENSES (continued)

			Cost Per Gener	al Ledger		Reclass-	Reclassified	Adjust-	Adjusted	FOR OHF	USE ONLY	
	Capital Expense	Salary/Wage	Supplies	Other	Total	ification	Total	ments	Total			
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			54,588	54,588		54,588	(4,735)	49,853			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			36,731	36,731		36,731	(2,949)	33,782			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			91,319	91,319		91,319	(7,684)	83,635			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			26,900	26,900		26,900		26,900			42
43	Other (specify):* CLINIC	35,106	14,478	107,482	157,066	(859)	156,207	(7,150)	149,057			43
44	TOTAL Special Cost Centers	35,106	14,478	134,382	183,966	(859)	183,107	(7,150)	175,957			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	952,660	161,807	513,478	1,627,945		1,627,945	(126,106)	1,501,839			45

<sup>\*</sup>Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

09/30/00

**Ending:** 

VI. ADJUSTMENT DETAIL

A. The expenses indicated below a

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	In column A	z below	, reference the I		nich the particula	ar cost
	NON-ALLOWABLE EXPENSES		l Amount	2 Refer- ence	OHF USE ONLY	
1	Day Care	\$	(81,197)	15	\$	1
2	Other Care for Outpatients					2
3	Governmental Sponsored Special Programs					3
4	Non-Patient Meals		(3,132)	1		4
5	Telephone, TV & Radio in Resident Rooms		(94)	5		5
6	Rented Facility Space		(7,150)	43		6
7	Sale of Supplies to Non-Patients		(250)	10		7
8	Laundry for Non-Patients					8
9	Non-Straightline Depreciation					9
10	Interest and Other Investment Income		(2,949)	32		10
11	Discounts, Allowances, Rebates & Refunds					11
12	Non-Working Officer's or Owner's Salary					12
13	Sales Tax					13
14	Non-Care Related Interest					14
15	Non-Care Related Owner's Transactions		(4,735)	30		15
16	Personal Expenses (Including Transportation)					16
17	Non-Care Related Fees		(5,336)	20		17
18	Fines and Penalties					18
19	Entertainment					19
20	Contributions					20
21	Owner or Key-Man Insurance					21
22	Special Legal Fees & Legal Retainers					22
23	Malpractice Insurance for Individuals					23
24	Bad Debt		(13,057)	<b>27</b>		24
25	Fund Raising, Advertising and Promotional		(7,499)	21		25
	Income Taxes and Illinois Personal		·			
26	Property Replacement Tax					26
27	Nurse Aide Training for Non-Employees					27
28	Yellow Page Advertising		/ <b>-</b> 3-	0.1		28
29	Other-Attach Schedule		(707)	21		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$	(126,106)		\$	30

B. If there are expenses experienced by the facility which do not appear in the	1e
general ledger, they should be entered below.(See instructions.)	

		1	Z	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
	Amortization of Organization &			
33	Pre-Operating Expense			33
	Adjustments for Related Organization			
34	Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (126,106	)	37

<sup>\*</sup>These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

1 2 3

(SC	c misti detions.)	-	_	U	•	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$ _		47

	OHF USE ONL	Y				
48		49	50	51	52	

Sch. V Line

Page 5A

1		NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
3	1		s		1
4         4           5         6           7         7           8         9           9         9           10         10           11         11           12         12           13         14           15         16           16         16           17         17           18         18           19         19           20         20           21         21           22         22           23         24           25         25           26         25           27         27           28         28           39         29           30         29           31         31           32         33           33         33           34         34           35         29           39         29           30         32           33         33           34         34           35         35           36         35	2				2
5         6           7         8           9         10           10         10           11         11           12         12           13         13           14         14           15         15           16         16           17         17           18         18           19         19           20         19           21         21           22         22           23         22           24         24           25         25           26         25           27         27           28         29           30         30           31         31           32         22           33         33           34         34           35         35           36         35           37         37           38         30           39         39           44         42           45         42           46         42	3				3
6         6           7         8           9         9           10         10           11         11           12         12           13         13           15         15           16         16           17         17           18         18           19         19           20         20           21         21           22         22           23         23           24         24           25         25           26         25           27         22           28         28           39         29           30         39           31         31           32         33           33         34           34         34           35         35           36         35           37         37           38         38           39         39           30         39           31         34           34         44<					
Total	6				6
9	7				7
10	8				8
11					
12					
13					11
14         14           15         15           16         16           17         17           18         18           19         20           21         21           22         22           23         33           24         24           25         25           26         26           27         27           28         29           30         30           31         31           32         33           33         33           34         44           45         29           29         20           30         30           31         31           32         33           33         33           34         44           35         35           36         37           37         38           38         38           38         38           38         38           39         39           40         40           41         <	12				12
15					
16         16           17         17           18         18           19         19           20         19           20         20           21         22           22         22           23         23           24         24           25         25           26         26           27         27           38         28           39         30           30         30           31         31           32         32           33         33           34         44           35         55           36         35           37         37           38         39           39         39           40         40           41         41           42         42           43         44           44         44           44         44           45         46           46         46           47         48           48         <					
18	16				16
19					17
10	18				18
11         12           12         12           13         12           14         12           15         15           26         25           27         28           30         29           30         30           31         31           32         32           33         33           34         34           35         35           36         35           37         37           38         8           39         9           40         40           41         41           42         42           43         44           44         44           44         44           45         45           46         47           47         47           48         48           49         9           50         9           51         9           52         52           53         55           54         55           55         55	19				19
123					
33         23           34         24           25         25           36         25           27         27           28         22           39         30           33 3         31           34         32           35         35           36         35           37         37           38         38           39         39           40         40           41         41           42         42           43         44           44         44           45         46           46         46           47         48           49         9           30         30           31         31           32         32           33         33           34         34           34         34           44         44           42         42           43         44           44         44           45         46           46	21				21
34         24           25         25           36         25           27         27           28         29           30         30           31         31           32         32           33         33           34         34           35         35           36         36           37         37           38         38           39         39           40         44           41         42           42         42           43         45           46         46           47         47           48         48           49         49           50         50           51         51           52         52           53         55           55         55           56         55           57         55           58         58           59         59           60         66           67         66           65         <	23				23
155         25           26         26           27         27           28         22           29         29           30         33           31         31           32         32           33         33           34         34           35         35           36         36           37         37           38         38           39         39           40         40           41         41           42         42           43         44           44         44           45         45           46         46           47         47           48         49           49         9           91         9           92         9           93         9           94         9           95         9           96         9           97         9           98         9           99         9           99         9					
26         26           27         27           28         28           29         29           30         39           31         31           32         32           33         33           34         34           35         35           36         36           37         37           38         38           39         9           40         40           41         41           42         41           43         45           44         44           45         45           46         46           47         47           48         48           49         49           50         49           50         50           51         51           52         52           53         53           54         44           45         45           46         46           47         48           48         48           49 <t< td=""><td>25</td><td></td><td></td><td></td><td>25</td></t<>	25				25
27         27           28         28           29         20           30         30           31         31           32         32           33         34           36         35           37         37           38         38           39         39           40         40           41         41           42         42           43         44           44         44           45         45           46         46           47         47           48         48           49         49           59         59           51         51           52         52           52         55           55         55           56         55           56         55           56         55           57         55           58         59           59         59           50         55           55         55           56         <	26				26
29					
39	28				28
31         31           32         32           33         33           34         34           35         35           36         36           37         37           38         38           39         39           40         40           41         41           42         42           43         44           44         44           45         46           46         46           47         47           48         48           49         49           59         59           51         51           52         52           52         55           55         55           56         55           57         55           58         59           59         59           66         65           67         66           62         62           63         66           65         65           66         65           67         <	29			-	29
32         32           33         33           34         34           35         35           36         35           37         37           38         38           39         40           41         41           42         42           43         43           44         44           45         45           46         46           47         47           48         49           49         49           50         50           51         52           52         53           53         53           54         54           55         55           56         55           57         57           58         58           59         59           60         60           61         61           62         62           63         63           64         64           65         65           66         66           67         <				-	
33         33           34         34           35         35           36         35           37         37           38         39           40         40           41         41           42         42           43         44           44         44           45         45           46         46           47         47           48         48           49         49           59         59           51         51           52         52           52         55           55         55           55         55           55         55           55         55           57         55           58         59           60         60           61         60           62         62           63         64           64         64           65         65           66         66           67         66           68         <	22				27
34         34           35         35           36         36           37         37           38         38           39         99           40         49           41         42           42         42           44         45           46         66           47         47           48         48           49         49           50         50           51         51           52         52           53         53           54         54           55         55           57         57           58         58           59         99           60         60           61         61           62         62           63         65           65         66           66         66           67         62           63         65           64         65           65         66           66         66           67         <					
35         35           36         35           37         37           38         38           39         39           40         41           41         42           42         42           43         43           44         44           45         46           47         47           48         48           49         49           50         50           51         51           52         52           53         53           54         54           55         55           56         55           57         55           58         58           59         59           60         60           61         60           62         65           65         65           65         65           66         66           67         66           68         68           69         70           70         77           71         <	34				34
36         36           37         37           38         38           39         99           40         44           41         44           42         42           43         44           44         45           45         46           47         47           48         48           49         49           50         50           51         51           52         52           53         53           55         55           55         55           57         57           58         58           59         99           60         60           61         61           62         62           63         66           66         66           67         66           67         66           67         66           67         66           68         66           67         66           67         66           68         <	35				35
38         38           39         39           40         40           41         41           42         42           43         44           44         44           45         46           46         46           47         47           49         49           50         50           51         51           52         52           53         53           54         44           45         45           56         55           57         57           58         55           58         55           58         55           58         55           57         57           58         55           58         55           58         55           58         55           59         9           99         9           90         9           90         9           91         9           92         9           93         9 </td <td>36</td> <td></td> <td></td> <td></td> <td>36</td>	36				36
39	37				37
40	38				38
41         4           42         32           43         43           44         44           45         45           46         47           48         48           49         49           50         50           51         51           52         52           53         53           54         54           55         55           56         55           57         55           58         58           59         59           60         60           61         61           62         62           63         63           64         64           65         66           66         66           67         66           67         67           68         68           69         60           70         70           71         77           72         72           73         73           75         75           76 <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
42         42         44         44         44         44         44         44         44         44         44         44         44         44         44         44         46         46         46         46         48<	40				40
43					41
44					43
45	44				44
46	45				45
48	46				46
39	47				
S9	48				48
52         52           53         55           54         54           55         55           56         55           57         77           58         58           59         59           60         60           61         61           62         62           63         63           64         64           65         65           66         66           67         67           68         68           69         69           70         70           71         77           72         72           73         72           75         75           76         76           77         77           77         77           79         79           80         80           81         81           82         82           83         83           84         84           85         85           86         86           87         <	49				49
52         52           53         55           54         54           55         55           56         55           57         77           58         58           59         59           60         60           61         61           62         62           63         63           64         64           65         65           66         66           67         67           68         68           69         69           70         70           71         77           72         72           73         72           75         75           76         76           77         77           77         77           79         79           80         80           81         81           82         82           83         83           84         84           85         85           86         86           87         <	50				50
SS   SS   SS   SS   SS   SS   SS   S	52				52
54         54           55         55           56         55           57         35           58         58           59         59           60         60           61         60           62         62           63         63           64         64           65         65           66         66           67         68           69         68           70         70           71         77           72         72           73         72           75         75           76         76           77         77           78         78           79         79           80         80           81         81           82         82           83         85           85         85           86         9           87         88           88         88           89         88	53				53
56         5.5           57         5.7           58         5.8           59         5.9           60         60           61         6.0           62         6.2           63         6.3           64         6.4           65         6.5           66         6.6           67         6.6           69         6.8           69         70           70         70           71         7.7           72         7.2           73         7.2           75         7.5           76         7.7           77         7.7           78         7.8           79         7.7           80         8.0           81         8.1           82         8.2           83         8.3           84         8.8           85         8.8           86         8.8           87         8.8           88         8.8           89         8.8	54				54
57	55				55
58         58           59         59           60         60           61         61           62         62           63         64           64         64           65         65           66         66           67         67           68         68           69         69           70         70           71         71           72         72           73         73           74         74           75         75           76         76           77         77           77         77           78         78           80         80           81         81           82         82           83         83           84         84           85         85           85         85           86         88           87         88           88         88           88         88           88         88           88         <	56			-	56
60   60   60   60   60   60   60   60	58			<b> </b>	58
60   60   60   60   60   60   60   60	59				59
62         6.           63         6.           64         6.           65         6.           66         6.           67         6.           68         6.           69         69           70         70           71         71           72         72           73         72           74         74           75         75           76         76           77         77           78         78           79         79           80         80           81         81           82         82           83         83           85         85           85         85           86         7           87         37           88         88           89         88	60				60
63         63           64         64           65         65           66         66           67         67           68         68           69         69           70         70           71         71           72         72           73         72           74         74           75         76           76         76           77         77           79         79           80         80           81         81           82         82           83         83           84         84           85         85           87         87           88         88           89         88	61				61
64         64           65         65           66         66           67         68           68         68           69         69           70         70           71         72           72         72           73         73           74         74           75         75           76         76           77         77           78         78           8         78           81         81           81         81           82         82           83         83           85         85           85         85           87         37           88         88           89         88	62			-	62
65         65           66         66           67         67           68         68           69         69           70         70           71         71           72         72           73         72           74         73           75         76           76         76           77         77           78         78           80         80           81         81           82         82           83         83           84         84           85         85           86         86           87         87           88         88           89         88	64			<b> </b>	64
66         66           67         67           68         68           69         69           70         70           71         71           72         72           73         73           74         74           75         75           76         76           77         77           78         78           80         80           81         81           82         82           83         83           84         84           85         85           85         85           87         88           88         88           89         88	65				65
68 68 68 68 69 70 10 10 10 10 10 11 11 11 11 11 11 11 11	66				66
69	67				67
70 71 72 72 73 74 74 75 75 76 76 77 77 77 78 8 78 8 78 8 8 8 8 8 8				-	
71         71           72         72           73         73           74         74           75         75           76         75           77         77           78         77           79         79           80         80           81         81           82         82           83         83           84         84           85         85           86         86           87         88           88         88           89         88           89         88	70				70
72 73 74 74 75 75 76 76 77 77 77 77 78 9 9 80 81 81 81 81 81 81 81 81 81 81 82 82 82 82 83 83 83 83 83 84 84 84 84 85 85 85 85 85 85 85 85 85 85 85 85 85	71				71
74         74           75         75           76         76           77         77           78         78           79         79           80         80           81         81           82         82           83         83           84         94           85         85           85         85           86         95           87         37           88         88           89         88	72				72
75         75           76         76           77         77           78         77           79         79           80         80           81         81           82         82           83         83           84         84           85         85           86         86           87         87           88         88           89         88           89         88	73	·			73
76         76           77         77           78         78           79         79           80         80           81         81           82         82           83         83           84         94           85         85           86         95           87         97           88         88           89         88           89         88	74			-	74
77         77           78         78           79         79           80         89           81         81           82         82           83         83           84         84           85         86           86         86           87         87           88         88           89         88           89         88	76				76
78 78 78 78 79 79 79 79 79 79 79 79 79 79 79 79 79	77				77
79   79   79   79   79   79   79   79	78				78
81         81           82         82.82           83         83           84         54           85         85           86         86           87         87           88         88           89         88           89         88	79				79
52 52 52 52 52 52 52 52 52 52 52 52 52 5	80				80
83         83           84         84           85         85           86         86           87         87           88         88           89         88           89         88				-	
84         54           85         85           86         95           87         87           88         88           99         88				<b> </b>	
85         85           86         86 68           87         87           88         88           89         88           89         88	84				84
87 87 88 88 89 89	85				85
88 89 89					
89					87
90 Total 0 90					89
		Total	0		90

Facility Name & ID Number LAHARPE-DAVIER HEALTH CARE CENTER **# 0035741 Report Period Beginning:** 10/01/99 **Ending:** 09/30/00 SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 61

	SUMMARY OF PAGES 5, 5A, 0, 0A	, 00, 00, 00,		THIND OF									SUMMARY	
	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	TOTALS	1
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6Н		(to Sch V, col	.7)
1	Dietary	(3,132)	0	0	0	0		0	0	0	0	0	(3,132)	
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(94)	0	0	0	0	0	0	0	0	0	0	(94)	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	(3,226)	0	0	0	0	0	0	0	0	0	0	(3,226)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(250)	0	0	0	0	0	0	0	0	0	0	(250)	
10a	Therapy	0	0	0	0	0		0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0		0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0		0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0		0	0	0	0	0	0	13
	Program Transportation	0	0	0	0	0		0	0	0	0	0	0	14
15	Other (specify):*	(81,197)	0	0	0	0	0	0	0	0	0	0	(81,197)	15
16	TOTAL Health Care and Programs	(81,447)	0	0	0	0	0	0	0	0	0	0	(81,447)	16
	C. General Administration													
17	Administrative	0	0	0	0	0		0	0	0	0	0	0	
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
	Fees, Subscriptions & Promotions	(5,336)	0	0	0	0	0	0	0	0	0	0	(5,336)	20
	Clerical & General Office Expenses	(7,499)	0	0	0	0	0	0	0	0	0	0	(7,499)	
	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0		0	0	0	0	0	0	25
	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(13,057)	0	0	0	0	0	0	0	0	0	0	(13,057)	27
28	TOTAL General Administration	(25,892)	0	0	0	0	0	0	0	0	0	0	(25,892)	28
	TOTAL Operating Expense													
29	(sum of lines 8,16 & 28)	(110,565)	0	0	0	0	0	0	0	0	0	0	(110,565)	29

STATE OF ILLINOIS

Facility Name & ID Number LAHARPE-DAVIER HEALTH CARE CENTER # 0035741 Report Period Beginning: 10/01/99 Ending: 09/30/00

Summary B

### **SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I**

													SUMMARY	
	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	<b>6E</b>	<b>6F</b>	6 <b>G</b>	6H	<b>6</b> I	(to Sch V, col.7)	)
30	Depreciation	(4,735)	0	0	0	0	0	0	0	0	0	0	(4,735)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0		31
32	Interest	(2,949)	0	0	0	0	0	0	0	0	0	0	(2,949)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(7,684)	0	0	0	0	0	0	0	0	0	0	(7,684)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(7,150)	0	0	0	0	0	0	0	0	0	0	(7,150)	43
44	TOTAL Special Cost Centers	(7,150)	0	0	0	0	0	0	0	0	0	0	(7,150)	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(125,399)	0	0	0	0	0	0	0	0	0	0	(125,399)	45

# 0035741

**Report Period Beginning:** 

10/01/99

Ending:

09/30/00

#### VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

		2		3			
	RELATE	D NURSING HOMES	OTHER	OTHER RELATED BUSINESS ENTITIES			
Ownership %	Name	City	Name	City	Type of Business		
	N/A						
	_		DI/A	Ownership % Name City Name	2 RELATED NURSING HOMES OTHER RELATED BUSINESS E Ownership % Name City Name City		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

YES

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
					]		Operating Cost	Adjustments for	
Sch	edule V	Line	Item	Amount	Name of Related Organization		of Related	Related Organization	ı
					(		Organization	Costs (7 minus 4)	
1	V			\$			\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

Page 7

#### **VII. RELATED PARTIES (continued)**

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours	Per Work				
					Compensation	Week Devote	ed to this	Compensation	on Included	Schedule V.	
					Received	Facility and %	6 of Total	in Costs	for this	Line &	1
				Ownership	From Other	Work Week		Reportin	g Period**	Column	
	Name	Title	Function	Interest	Nursing Homes*	Hours	Percent	Description	Amount	Reference	l
1	N/A								\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).

FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME,

ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

LAHARPE-DAVIER HEALTH CARE CENTER

#	003574
π	UUJJIT

41 Report Period Beginning:

10/01/99

Ending: 09/30/00

#### VIII. ALLOCATION OF INDIRECT COSTS

	Name of Related Organization	
A. Are there any costs included in this report which were derived from allocations of central office	Street Address	
or parent organization costs? (See instructions.)  YES  NO  X	City / State / Zip Code	
	Phone Number ( )	
B. Show the allocation of costs below. If necessary, please attach worksheets.	Fax Number	

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		Subunits Being	Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	<b>Total Units</b>	Allocated Among	Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1						\$	\$		\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10 11										10 11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22 23 24
23										23
24										24
25	TOTALS					\$	\$		\$	25

LAHARPE-DAVIER HEALTH CARE CEN'

# 0035741

**Report Period Beginning:** 

10/01/99 **Ending:** 

09/30/00

Page 9

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Relate YES	ed** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amo Original	unt of Note  Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related									8 /		
	Long-Term	-										
1	GECC		X	CONSTRUCTION COSTS	\$5,662.00	04/07/76	\$ 1,146,000	\$ 717,791	04/07/16	5.0000	\$ 36,731	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related B. Non-Facility Related*				\$5,662.00		\$1,146,000	\$ 717,791			\$ 36,731	9
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$	s			\$	14
15	TOTALS (line 9+line14)						\$ 1,146,000	\$ 717,791			\$ 36,731	15

<sup>\*</sup> Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

<sup>\*\*</sup> If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

STATE OF ILLINOIS

Facility Name & ID Number LAHARPE-DAVIER HEALTH CARE CENTER

STATE OF ILLINOIS # 0035741 Report Period Beginning: 10/01/99 Ending: 09/30/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

R	Real	Estate	Taves
υ.	ixcai	Listate	IAACS

Real Estate Tax accrual used on 1999 report.	s NONE 1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If pay	ment covers more than one year, detail below.) \$ 2
3. Under or (over) accrual (line 2 minus line 1).	\$ 3
4. Real Estate Tax accrual used for 2000 report. (Detail and explain your calculation of this accrual	n the lines below.) \$ 4
<ul> <li>5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or (Describe appeal cost below. Attach copies of invoices to support the cost at 6. Subtract a refund of real estate taxes used previously to calculate a payment rate. You must offset</li> </ul>	nd a copy of the appeal filed with the county.) \$ 5
amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining  TOTAL REFUND \$ For 19 Tax Year. (Attach a copy of the copy	of the real estate tax appeal board's decision.) \$ 6
Real Estate Tax History:	
Real Estate Tax Bill for Calendar Year: 1995 8	FOR OHF USE ONLY
1996 9 1997 10	13 FROM R. E. TAX STATEMENT FOR 1999 \$ 13
1998 11 1999 12	14 PLUS APPEAL COST FROM LINE 5 \$ 14
	15 LESS REFUND FROM LINE 6 \$ 15
	16 AMOUNT TO USE FOR RATE CALCULATION \$ 16

**NOTES:** 

- 1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
- 2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity. This denial must be no more than four years old at the time the cost report is filed.

					STATE OF ILL	INOIS			Page 11
			ER HEALTH CARE CENTER		# 003	741 Report I	Period Beginning:	10/01/99 Ending:	09/30/00
X. B	UILDING AND GENERAL IN	FORMATIC	N:						
A.	Square Feet:	31,944	<b>B.</b> General Construction Type:	Exterior	BRICK	Frame	BRICK	Number of Stories	3
C.	Does the Operating Entity?		(a) Own the Facility		a Related Organi			(c) Rent from Completely Unr Organization.	elated
	(Facilities checking (a) or (b)	must comple	ete Schedule XI. Those checking (c)	may complete Schedu	le XI or Schedule	XII-A. See instru	ictions.)		
D.	<b>Does the Operating Entity?</b>	X	(a) Own the Equipment	(b) Rent equi	pment from a Rela	ted Organizatio	n.	(c) Rent equipment from Com Unrelated Organization.	pletely
	(Facilities checking (a) or (b)	must comple	ete Schedule XI-C. Those checking (	c) may complete Sche	dule XI-C or Sche	dule XII-B. See i	nstructions.)	S	
Е.	(such as, but not limited to, a	partments, a	nis operating entity or related to the ssisted living facilities, day training footage, and number of beds/units a	facilities, day care, inc	dependent living fa				
F.	Does this cost report reflect a		ion or pre-operating costs which are	e being amortized?			YES	X NO	
1.	. Total Amount Incurred:				2. Number of Yo	ears Over Which	it is Being Amor	tized:	
3.	. Current Period Amortization				- 4. Dates Incurre	d:			
		Na	turns of Cooker		<del>_</del>				
		Na	ture of Costs: (Attach a complete schedule deta	iling the total amount	of organization an	d pre-operating	costs.)		
				8	8	1 1 8	,		
XI. C	OWNERSHIP COSTS:		1	2	3		4		
	A. Land.		Use	Square Feet	Year Acqu	ired	Cost		
		1	HEALTH CARE CENTER	1	1922-1		41,633	1	
		2	LAUNDRY EXPANSION			1977	5,911	2	
		3	TOTALS			<b>S</b>	47,544	3	

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	ing Depreciation-including Fixed Equip	2	3		4		5	6	7	8	9	T
		FOR OHF USE ONLY	Year	Year		_		rrent Book	Life	Straight Line		Accumulated	
	Beds*		Acquired	Constructed		Cost	De	preciation	in Years	Depreciation	Adjustments	Depreciation	
4	49		1977		\$	1,620,642	\$	22,717	VARIOUS	<b>\$</b> 22,717	\$	\$ 1,238,574	4
5													5
6													6
7													7
8													8
		vement Type**											
	SINK UNIT			1979		860			VARIOUS			856	9
	<b>NEW ROOF</b>			1980		6,923		<b>79</b>	VARIOUS	79		6,768	10
	CABINETS			1983		986			VARIOUS			986	11
		IRS, PHONE EQ.		1984		11,617			VARIOUS			11,617	12
		REPAIRS, WATER HEATER		1985		7,816		49	VARIOUS	49		7,718	13
	WATER HEA			1986		*****			VARIOUS				14
		NG, ROOF REPAIRS		1987		31,941			VARIOUS	1,065		14,112	15
		EPLACEMENT		1988		715			VARIOUS	36		440	16
		RSING OFFICE, ELEVATOR REPAIR		1990		12,074			VARIOUS	805		8,251	17
		DOOR & ALARM, A/C REPAIR		1991		60,483		5,492	VARIOUS	5,492		53,501	18
		REPAIR, COMPRESSOR		1992		9,276			VARIOUS	402		3,290	19
	NEW ROOF	ADM COMPRESSOR		1993		19,000			VARIOUS	1,900		13,933	20
		ARM, COMPRESSOR		1994		10,165			VARIOUS	569		6,750	21
	WATER SOF	TENER, SIDEWALK, BLINDS		1995 1996		4,716 1,428		519 71	VARIOUS VARIOUS	519 71		2,646 320	22
	FIRE ALAR			1990		3,340		334	VARIOUS 10	334		1,086	23
	BUILDING (			1997		3,340 1,489	-	298	10	298		844	25
	FIXED EQUI			1998		11,452	-	1,127	VARIOUS	1,127		3,190	26
	LAND IMPR			1998		575		38	15	38		92	27
	GAZEBO	OVENENTS		2000		4,895		184	10	184		184	28
	BOILER RO	OM		2000	1	1,784	-	79	10	79		79	29
	AIR CONDIT			2000		550	1	46	10	46		46	30
	REPLACEM			1997		1.096		55	10	55		211	31
32						-,070						211	32
33													33
34													34
35							1						35
	TOTAL (lin	es 4 thru 35)			S	1,823,823	\$	35,865		\$ 35,865	\$	\$ 1,375,494	36

SEE ACCOUNTANTS' COMPILATION REPORT

**Facility Name & ID Number** 

0035741

Page 12 09/30/00

<sup>\*</sup>Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

09/30/00 **Facility Name & ID Number** LAHARPE-DAVIER HEALTH CARE CENTER# 0035741 **Report Period Beginning:** 10/01/99 **Ending:** 

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of	1	Current Book	Straight Line	4	Component	Accumulated	
	Equipment	Cost	Depreciation 2	Depreciation 3	Adjustments	Life 5	Depreciation 6	
37	Purchased in Prior Years	\$ 281,127	\$ 12,682	\$ 12,682	\$	<b>VARIOUS</b>	\$ 212,569	37
38	<b>Current Year Purchases</b>	10,812	1,306	1,306		<b>VARIOUS</b>	1,306	38
39	Fully Depreciated Assets							39
40								40
41	TOTALS	\$ 291,939	\$ 13,988	\$ 13,988	\$		\$ 213,875	41

D. Vehicle Depreciation (See instructions.)\*

	1	Model, Make	Year	4	Current Book	Straight Line	7	Life in	Accumulated	
	Use	and Year 2	Acquired 3	Cost	Depreciation 5	Depreciation 6	Adjustments	Years 8	Depreciation 9	
42				\$	\$	\$	\$		\$	42
43										43
44										44
45										45
46	TOTALS			\$	\$	\$	\$		\$	46

	E. Summary of Care-Related Assets	1	2		_
		Reference	Amount		
47	Total Historical Cost	(line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4)	\$ 2,163,306	47	
48	<b>Current Book Depreciation</b>	(line 36,col.5 + line 41,col.2 + line 46,col.5)	\$ 49,853	48	
49	Straight Line Depreciation	(line 36,col.7 + line 41,col.3 + line 46,col.6)	\$ 49,853	49	**
50	Adjustments	(line 36,col.8 + line 41,col.4 + line 46,col.7)	\$	50	
51	Accumulated Depreciation	(line 36,col.9 + line 41,col.6 + line 46,col.9)	\$ 1,589,369	51	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Currer Deprec	nt Book ciation 3	 umulated oreciation 4	
52	RENTAL PROPERTY	\$ 45,489	\$	1,691	\$ 7,640	52
53	CLINIC	26,363		3,044	12,541	53
54						54
55						55
56						56
57	TOTALS	\$ 71,852	\$	4,735	\$ 20,181	57

**G.** Construction-in-Progress

	Description	Cost	
58		\$	58
59			59
60			60
61		\$	61

Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

This must agree with Schedule V line 30, column 8.

C. Vehicle Rental (See instructions.)

	1	2	3	4	
		Model Year	Monthly Lease	Rental Expense for this Period	
	Use	and Make	Payment	for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

- \* If there is an option to buy the building, please provide complete details on attached schedule.
- \*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

LAHARPE-DAVIER HEALTH CARE CENTER

0035741
---------

**Report Period Beginning:** 

10/01/99 **Ending:** 

09/30/00

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?  If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.	YES 2. CLASSROOM PORTION:  IN-HOUSE PROGRAM  IN OTHER FACILITY  COMMUNITY COLLEGE  HOURS PER AIDE		3. CLINICAL PORTION:  IN-HOUSE PROGRAM  IN OTHER FACILITY  HOURS PER AIDE
B. EXPENSES	ALLOCATION OF COSTS (d)  1 2 3	4	C. CONTRACTUAL INCOME  In the box below record the amount of income your facility received training aides from other facilities.

			1	L	3	4
			Facility			
			Drop-outs	Completed	Contract	Total
1 Comm	unity College Tuition		\$	\$	\$	\$
2 Books	and Supplies					
3 Classr	oom Wages	(a)				
	al Wages	(b)				
5 In-Hou	use Trainer Wages	(c)				
	portation					
7 Contra	actual Payments					
8 Nurse	Aide Competency Tests					
9 TOTA	LS		\$	\$	\$	\$
10 SUM (	OF line 9, col. 1 and 2	(e)	\$			

#### D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

# 0035741 Report Period Beginning:

10/01/99

Ending:

Page 16 09/30/00

#### XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

8 2 5 6 7 Schedule V **Outside Practitioner Supplies** Staff Line & Column (Actual or) **Total Units** Units of Cost (other than consultant) **Total Cost** Service Reference Service Units Allocated) (Column 2 + 4)(Col. 3 + 5 + 6)Cost **Licensed Occupational Therapist** hrs **Licensed Speech and Language Development Therapist** hrs **Licensed Recreational Therapist** 3 hrs **Licensed Physical Therapist** 4 hrs **Physician Care** 5 visits **Dental Care** visits 6 **Work Related Program** hrs Habilitation hrs 8 # of **Pharmacy** prescrpts **Psychological Services** (Evaluation and Diagnosis/ **Behavior Modification)** hrs 10 **Academic Education** 11 hrs **Exceptional Care Program** 12 13 Other (specify): 13 14 TOTAL

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

**Facility Name & ID Number** LAHARPE-DAVIER HEALTH CARE CENTER XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 09/30/00

**Report Period Beginning:** (last day of reporting year) 10/01/99

**Ending:** 

09/30/00

This report must be completed even if financial statements are attached. 2 After **Operating** Consolidation\* A. Current Assets Cash on Hand and in Banks 91,280 Cash-Patient Deposits 174,094 2 Accounts & Short-Term Notes Receivable-Patients (less allowance 3 116,506 3 Supply Inventory (priced at 2,500 4 Short-Term Investments 5 Prepaid Insurance 6 Other Prepaid Expenses 1,542 Accounts Receivable (owners or related parties) 8 Other(specify): 9 **TOTAL Current Assets** (sum of lines 1 thru 9) 385,922 10 **B.** Long-Term Assets 11 Long-Term Notes Receivable 11 12 Long-Term Investments 168,614 13 Land 99,485 13 Buildings, at Historical Cost 14 1,864,436 Leasehold Improvements, at Historical Cost 15 Equipment, at Historical Cost 318,302 16 17 Accumulated Depreciation (book methods) (1,609,549)18 Deferred Charges Organization & Pre-Operating Costs 19 Accumulated Amortization -Organization & Pre-Operating Costs 20 Restricted Funds 21 51,112 Other Long-Term Assets (specify): 22 23 Other(specify): **TOTAL Long-Term Assets** (sum of lines 11 thru 23) 892,400 24 TOTAL ASSETS 25 (sum of lines 10 and 24) 1,278,322 25

		1	perating	2 After Consolidation*	
	C. Current Liabilities				
26	Accounts Payable	\$	38,087	\$	26
27	Officer's Accounts Payable				27
28	Accounts Payable-Patient Deposits				28
29	Short-Term Notes Payable		32,801		29
30	Accrued Salaries Payable		56,818		30
	Accrued Taxes Payable				
31	(excluding real estate taxes)				31
32	Accrued Real Estate Taxes(Sch.IX-B)				32
33	Accrued Interest Payable				33
34	Deferred Compensation				34
35	Federal and State Income Taxes				35
	Other Current Liabilities(specify):				
36	ESTIMATED SETTLEMENT		(335)		36
37					37
	TOTAL Current Liabilities				
38	(sum of lines 26 thru 37)	\$	127,371	\$	38
	D. Long-Term Liabilities				
39	Long-Term Notes Payable		684,990		39
40	Mortgage Payable				40
41	Bonds Payable				41
42	Deferred Compensation				42
	Other Long-Term Liabilities(specify):				
43					43
44					44
	TOTAL Long-Term Liabilities				
45	(sum of lines 39 thru 44)	\$	684,990	\$	45
	TOTAL LIABILITIES				
46	(sum of lines 38 and 45)	\$	812,361	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$	465,961	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	<b>\$</b>	1,278,322	\$	48

0035741 Report Period Beginning: 10/01/99

1/99 Ending:

Page 18 09/30/00

			1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$	565,716	1
2	Restatements (describe):			2
3				3
4				4
5				5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$	565,716	6
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)		(99,755)	7
8	Aquisitions of Pooled Companies			8
9	Proceeds from Sale of Stock			9
10	Stock Options Exercised			10
11	Contributions and Grants			11
12	Expenditures for Specific Purposes			12
13	Dividends Paid or Other Distributions to Owners	(	)	13
14	Donated Property, Plant, and Equipment			14
15	Other (describe)			15
16	Other (describe)			16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$	(99,755)	17
	B. Transfers (Itemize):			
18				18
19				19
20				20
21				21
22				22
23	TOTAL Transfers (sum of lines 18-22)	\$		23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$	465,961	24

<sup>\*</sup> This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

_			<u> </u>	
	Revenue		Amount	
	A. Inpatient Care			
1	Gross Revenue All Levels of Care	\$	1,386,899	1
2	Discounts and Allowances for all Levels		(124,801)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$	1,262,098	3
	B. Ancillary Revenue			
4	Day Care		43,627	4
5	Other Care for Outpatients		173,385	5
6	Therapy			6
7	Oxygen			7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	217,012	8
	C. Other Operating Revenue			
9	Payments for Education			9
10	Other Government Grants			10
11	Nurses Aide Training Reimbursements			11
12	Gift and Coffee Shop			12
13	Barber and Beauty Care			13
14	Non-Patient Meals		2,588	14
15	Telephone, Television and Radio			15
16	Rental of Facility Space		19,745	16
17	Sale of Drugs			17
18	Sale of Supplies to Non-Patients			18
19	Laboratory			19
20	Radiology and X-Ray			20
21	Other Medical Services			21
22	Laundry			22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	22,333	23
	D. Non-Operating Revenue			
24	Contributions		3,140	24
25	Interest and Other Investment Income***		23,965	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	27,105	26
	E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)			27
28	UNREALIZED GAIN ON INVESTMENTS		(358)	28
28a			· · · · · · · · · · · · · · · · · · ·	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	(358)	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$	1,528,190	30
		_		

	o agamet expense	2	
	Expenses	Amount	T
	A. Operating Expenses		
31	General Services		31
32	Health Care		32
33	General Administration	1,627,945	33
	B. Capital Expense		
34	Ownership		34
	C. Ancillary Expense		
35	Special Cost Centers		35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37	Rounding		37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 1,627,945	40
41	Income before Income Taxes (line 30 minus line 40)**	(99,755)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (99,755)	43

*	This must	agree with	nage 4. l	line 45.	column 4.

- \*\* Does this agree with taxable income (loss) per Federal Income
  Tax Return? YES If not, please attach a reconciliation.
- \*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

<sup>\*\*\*\*</sup>Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number LAHARPE-DAVIER HEALTH CARE CENTER XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

3

<u></u>	1	<u> </u>	<u> </u>			_		
	# of Hrs.	# of Hrs.	Reporting Period	Average				Nι
	Actually	Paid and	Total Salaries,	Hourly				01
	Worked	Accrued	Wages	Wage				Pa
1 Director of Nursing	1,720	1,720	\$ 18,020	\$ 10.48	1			Ac
2 Assistant Director of Nursing					2	35	5 Dietary Consultant	
3 Registered Nurses	12,520	13,841	217,355	15.70	3	30	Medical Director	
4 Licensed Practical Nurses	5,398	5,785	64,072	11.08	4	37	Medical Records Consultant	
5 Nurse Aides & Orderlies	32,566	36,019	258,862	7.19	5	38	Nurse Consultant	
6 Nurse Aide Trainees					6		9 Pharmacist Consultant	
7 Licensed Therapist					7		Physical Therapy Consultant	
8 Rehab/Therapy Aides					8		Occupational Therapy Consultant	
9 Activity Director	2,808	3,090	24,707	8.00	9		Respiratory Therapy Consultant	
10 Activity Assistants					10	43	Speech Therapy Consultant	
11 Social Service Workers	1,959	2,197	18,192	8.28	11	44	4 Activity Consultant	
12 Dietician	12,422	13,722	97,321	7.09	12	45	Social Service Consultant	
13 Food Service Supervisor					13	40	6 Other(specify)	
14 Head Cook					14	47	7	
15 Cook Helpers/Assistants					15	48	8	
16 Dishwashers					16			
17 Maintenance Workers	3,723	4,211	37,328	8.86	17	49	9 TOTAL (lines 35 - 48)	
18 Housekeepers	6,402	6,997	47,074	6.73	18	-		
19 Laundry					19			
20 Administrator	2,080	2,080	46,952	22.57	20			
21 Assistant Administrator					21	C.	CONTRACT NURSES	
22 Other Administrative					22			
23 Office Manager					23			Nı
24 Clerical	3,896	4,313	38,659	8.96	24			0
25 Vocational Instruction					25			P
26 Academic Instruction					26			Ac
27 Medical Director					27	50	Registered Nurses	
28 Qualified MR Prof. (QMRP)					28	51	1 Licensed Practical Nurses	
29 Resident Services Coordinator					29	52	Nurse Aides	
30 Habilitation Aides (DD Homes)					30			
31 Medical Records					31	53	3 TOTAL (lines 50 - 52)	
32 Other Health Care(specify)					32			
33 Other(specify) CLINIC	9,957	10,937	84,118	7.69	33			
34 TOTAL (lines 1 - 33)	95,451	104,912	\$ 952,660 *	\$ 9.08	34	SEE AC	COUNTANTS' COMPILATION RE	PORT

**B. CONSULTANT SERVICES** 

		1	2	3	
		Number	Total Consultant	Schedule V	
		of Hrs.	Cost for	Line &	
		Paid &	Reporting	Column	
		Accrued	Period	Reference	
35	Dietary Consultant		\$		35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$		49
1 7/	11 O 1 AL (IIIICS 23 - 40)	I	Φ	1	77

#### C. CONTRACT NURSES

		1	2	3	
		Number		Schedule V	
		of Hrs.	Total	Line &	
		Paid &	Contract	Column	
		Accrued	Wages	Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	<b>TOTAL</b> (lines 50 - 52)		\$		53

<sup>\*</sup> This total must agree with page 4, column 1, line 45.

<sup>\*\*</sup> See instructions.

STATE OF ILLINOIS

Page 21 **Report Period Beginning:** 10/01/99 **Ending:** 09/30/00 **Facility Name & ID Number** LAHARPE-DAVIER HEALTH CARE CENTER # 0035741 XIX. SUPPORT SCHEDULES D. Employee Benefits and Payroll Taxes F. Dues, Fees, Subscriptions and Promotions A. Administrative Salaries Ownership Description Description Name **Function** % Amount **Amount** Amount **Workers' Compensation Insurance IDPH License Fee** 0 \$ 46,952 \$ 18,030 JENNFIER WIRT **ADMINISTRATOR Unemployment Compensation Insurance** Advertising: Employee Recruitment **Health Care Worker Background Check FICA Taxes** 71,943 **Employee Health Insurance** (Indicate # of checks performed 15,988 **Employee Meals** PROFESSIONAL DUES 2,326 Illinois Municipal Retirement Fund (IMRF)\* TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.) 46,952 B. Administrative - Other **Less: Public Relations Expense Description** Non-allowable advertising Amount Yellow page advertising TOTAL (agree to Schedule V, \$ 105,961 TOTAL (agree to Sch. V, 2,326 line 22, col.8) line 20, col. 8) E. Schedule of Non-Cash Compensation Paid TOTAL (agree to Schedule V, line 17, col. 3) G. Schedule of Travel and Seminar\*\* (Attach a copy of any management service agreement) to Owners or Employees C. Professional Services **Description** Amount Vendor/Payee **Type** Line# **Description** Amount Amount McGLADREY & WOOD ACCT. AUDIT/DATA PROCESS **Out-of-State Travel** 21,761 HAN CO/COUNTY RECORDER LEGAL **30 In-State Travel** Seminar Expense

> \* Attach copy of IMRF notifications SEE ACCOUNTANTS' COMPILATION REPORT

**TOTAL** 

21,791

TOTAL (agree to Schedule V, line 19, column 3)

(If total legal fees exceed \$2500 attach copy of invoices.)

\*\*See instructions.

TOTAL

**Entertainment Expense** 

(agree to Sch. V.

line 24, col. 8)

0035741

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.) 1 3 5 6 7 10 11 12 13 2 Month & Year **Amount of Expense Amortized Per Year Improvement Improvement Total Cost** Useful FY1997 FY1998 FY1999 FY2000 FY2001 FY2002 FY2003 FY2005 Type Was Made Life FY2004 \$ \$ 3 4 5 6 8 9 10 11 12 13 14 15 16 17 18 19 20 **TOTALS** 

	y Name & ID Number LAHARPE-DAVIER HEALTH CARE CENTER	#	0035741	<b>Report Period Beginning:</b>	10/01/99	<b>Ending:</b>	09/30/00
	ENERAL INFORMATION:						
(1)	Are nursing employees (RN,LPN,NA) represented by a union?  NO	(13)		applies and services which are of the bublic Aid, in addition to the daily ra			
(2)	Are there any dues to nursing home associations included on the cost report? YES		in the Ancillary Sec	tion of Schedule V? YES	_		
	If YES, give association name and amount. <b>ILLINOIS HOSPITAL ASSOCIATION \$2,326</b> A			wilding used for any function other t	han lana tama		for
(3)	Did the nursing home make political contributions or payments to a political	(14)		uilding used for any function other to sted on page 2, Section B? YES	nan long term	For example	
(0)	action organization? NO If YES, have these costs			uilding used for rental, a pharmacy,	day care, etc.)		
	been properly adjusted out of the cost report?  N/A			plains how all related costs were all			
(4)	Does the bed capacity of the building differ from the number of beds licensed at the	(15)	Indicate the cost of	employee meals that has been reclas	sified to empl	ovee benefits	
( )	end of the fiscal year? NO If YES, what is the capacity? N/A	( )	on Schedule V.	\$ 0 Has any	meal income b	een offset ag	
, <b>-</b> \			related costs?	YES Indicate	the amount. \$	2,588	
(5)	Have you properly capitalized all major repairs and equipment purchases?  What was the average life used for new equipment added during this period?  10	(16)	Travel and Transpor	rtation			
	what was the average me used for new equipment added during this period?	(10)		cluded for out-of-state travel?	NO		
(6)	Indicate the total amount of both disposable and non-disposable diaper expense			complete explanation.	1,0		
. ,	and the location of this expense on Sch. V. \$ 7,966 Line 10			parate contract with the Department	to provide me	dical transpo	rtation for
<b>(5</b> )			residents? NO		mount of inco	me earned fro	om such a
(7)	Have all costs reported on this form been determined using accounting procedures consistent with prior reports?  YES If NO, attach a complete explanation.		program during the	nis reporting period. \$ N/A all travel expense relates to transport	ration of nurse	and nationts	? NONE
	TES IT NO, attach a complete explanation.			ge logs been maintained? N/A	ation of nurse,	s and patients	! NONE
(8)	Are you presently operating under a sale and leaseback arrangement? <b>NO</b>			tored at the nursing home during the	night and all	othei	
	If YES, give effective date of lease.  N/A		times when not in				
(0)	A WES V NO			ommuting or other personal use of a	utos been adju	isted	
(9)	Are you presently operating under a sublease agreement? YES X NO		out of the cost rep	oort? N/A y transport residents to and fro	om day train	ing?	NO
(10)	Was this home previously operated by a related party (as is defined in the instructions for			nount of income earned from p			110
( )	Schedule VII)? YES NO X If YES, please indicate name of the facility,			during this reporting period.	0	N/A	
	IDPH license number of this related party and the date the present owners took over	<i>(</i> 4 = )	77 15.1				- -
		(17)		erformed by an independent certifie GLADREY & PULLEN, LLP	d public accou		tions for the
(11)	Indicate the amount of the Provider Participation Fees paid and accrued to the Department			hat a copy of this audit be included	with the cost r		
()	of Public Aid during this cost report period. \$ 26,900		been attached? Y		,,, idii diio oosu i	poru rius un	з серу
	This amount is to be recorded on line 42 of Schedule V.						_
(10)		(18)		h do not relate to the provision of lo	ng term care b	een adjusted	out
(12)	Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.		out of Schedule V?	YES			
	in an individual employee: 110 It is, attach an explanation of the anocation.	(19)	If total legal fees are	e in excess of \$2500, have legal invo	oices and a sur	nmary of serv	vices
	SEE ACCOUNTANTS' COMPILATION REPORT	(27)	performed been atta	ched to this cost report? N/A			••
			Attach invoices and	a summary of services for all archit	ect and apprai	sal fees	

STATE OF ILLINOIS

Page 23